

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AS</i>		1/5/99
O.I.P.E. CLASSIFIER	<i>(ED)</i>	57	1/17/99
FORMALITY REVIEW	<i>QX</i>	71420	1/19/99
		71477	5/13/99

INDEX OF CLAIMS

..... Rejected      N ..... Non-elected  
 ..... Allowed      I ..... Interference  
 (Through numeral)... Canceled      A ..... Appeal  
 ..... Restricted      O ..... Objected

Claim	Date
Final Original	
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If more than 150 claims or 10 actions  
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